

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

APPLICANT(S)

807070

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	3					
TOTAL DEP.	18	↔	↔	↔	↔	
TOTAL CLAIMS	21					

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IND.	DEP.	IND.	DEP.
51			
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TOTAL IND.			
TOTAL DEP.		↔	↔
TOTAL CLAIMS			

BEST AVAILABLE COPY